


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000048492 1. Entity Name WOODMERE HEARING CENTER, INC.	
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Principal Place of Business 4120 WOODMERE PARK BLVD. SUITE 8A VENICE, FL 34293	Mailing Address 4120 WOODMERE PARK BLVD. SUITE 8A VENICE, FL 34293
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**DO NOT WRITE IN THIS SPACE**



03282005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1008063	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  PREWETT, DANIEL 5777 BENEVA ROAD SOUTH SARASOTA, FL 34233	<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	UN00000305684 04/14/05-80096-005 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ROYER-CONNELL, VICKI M 4235 TENNYSON WAY VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ROYER, WW 617 KHYBER LANE VENICE, FL 34293
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vm Connell **4-3-05** **941 492 4327**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #